
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one)*

- | | |
|---------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Original | <input checked="" type="checkbox"/> National Stage PCT |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Divisional |
| <input type="checkbox"/> Design | <input type="checkbox"/> Continuation |
| | <input type="checkbox"/> Continuation-in-Part (CIP) |

INVENTORSHIP IDENTIFICATION

NOTE: *If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONNECTOR FOR FLUID LINES

the specification of which: *(complete (a), (b) or (c))*

- (a) ☐ is attached hereto.
- (b) ☐ was filed on ____ as
☐ Serial No. ____ or
☐ Express Mail No. ____, as Serial No. not yet known
and was amended on _____. *(if applicable)*
- (c) ☒ was described and claimed in PCT International Application No. **PCT/EP03/14268**
filed on **December 16, 2003** and as amended under PCT Article 19 on _____. *(if any)*

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and that the filing of said specification, if heretofore filed, was authorized by me.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

CLAIM OF PRIORITY OF EARLIER FOREIGN APPLICATION(S) UNDER 35 U.S.C. §119(a)-(d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

(List prior foreign/PCT application(s) filed within 12 months (6 months for design) prior to this U.S. application.)

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

COUNTRY (orPCT)	APPLICATION NO.	DATE OF FILING (Day/Month/Year)	PRIORITY CLAIMED UNDER 35 USC §119
Germany	102 59 395.7	December 19, 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. §119(e)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

(List prior U.S. provisional applications.)

PROVISIONAL APPLICATION NO.	FILING DATE (Day/Month/Year)

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(List prior U.S. applications or PCT international applications designating the U.S. for benefit under 35 U.S.C. §120.)

U.S. APPLICATIONS

STATUS (Check One)

U.S. SERIAL NO.	U.S. FILING DATE (Day/Month/Year)	Patented	Pending	Abandoned
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PCT APPLICATIONS DESIGNATING THE U.S.

STATUS (Check One)

PCT APPLN. NO.	PCT FILING DATE (Day/Month/Year)	U.S. SERIAL NOS ASSIGNED (If any)	Patented	Pending	Abandoned
PCT/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS

PRIORITY APPLICATION NO.	PRIORITY COUNTRY	FILING DATE (Day/Month/Year)	ISSUE DATE (Day/Month/Year)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Customer Number **23869** to prosecute this application and transact all business in the Patent and Trademark Office in connection therewith.

PLEASE SEND CORRESPONDENCE TO:

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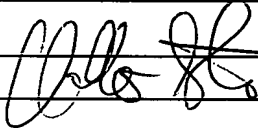
PLEASE DIRECT TELEPHONE CALLS TO:

(516) 822-3550

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

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Date:		Inventor's signature	
Full Name of Third Joint Inventor:			
Country of Citizenship:			
Residence Address:			
Post Office Address:			
Date:		Inventor's signature	